

REQUESTOR

## **BOARD OF BEHAVIORAL SCIENCE EXAMINERS**

400 R STREET, SUITE 3150, SACRAMENTO, CA 95814 TELEPHONE: (916) 445-4933



## REQUEST FOR LICENSE VERIFICATION

I hereby request verification of license or registration status for the following Marriage, Family, and Child Counselors (MFC), Interns (IMF), Licensed Clinical Social Workers (LCS), Associates (ASW), and/or Licensed Educational Psychologists (LEP).

(The fee is \$3.00 per verification. Please submit your check or money order payable to the BOARD OF BEHAVIORAL SCIENCE EXAMINERS, to the Board office at the above address. Allow approximately 2-4 weeks for processing.)

NAME:						
ADDRESS:			For Cashiering Use Only: Cashiering No.			
PHONE:						
			FOR OFFICE USE ONLY			
LICENSEE/REGISTRANT NAME	CALIF LICENSE OR REGISTRATION #	EX	PIRATION DATE	CLEAR STATUS	BBSE DISCIPLINARY ACTION	
		VEI	VERIFIED BY:			
		TIT	TITLE:			
		DA	DATE:			

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